

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

09/76258

FILE NUMBER

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		2				
6						
7						
8						
9		1				
10						
11						
12		1				
13		1				
14						
15		1				
16		3				
17		1				
18		1				
19		1				
20						
21		1				
22		1				
23	1					
24		1				
25						
26		8				
27		8				
28	1					
29	1					
30						
31	1					
32	1					
33	1					
34						
35	2					
36	1					
37	1					
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	33	↓	↓	↓	↓	↓
TOTAL CLAIMS	40					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS						

BEST AVAILABLE COPY